



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/170398

PRELIMINARY RECITALS

Pursuant to a petition filed November 27, 2015, under Wis. Stat. § 49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for a root canal, a hearing was held on January 13, 2016, by telephone.

The issue for determination is whether petitioner met the approval criteria for root canal therapy.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Written submission of [REDACTED] DDS

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider

Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Dane County who receives MA.
2. On September 18, 2015, [REDACTED] requested prior authorization on petitioner's behalf for a root canal of tooth no. 14, PA no. [REDACTED]. By a letter dated October 16, 2015, the DHCAA denied the request.
3. X-rays showed that less than 50% of the clinical crown of tooth no. 14 was intact.

DISCUSSION

The Wisconsin Administrative Code, §DHS 107.02(3)(e) provides requirements for approving prior authorization requests. The first requirement is that the service be appropriate. The Department has policies for determining whether the requirements are met for individual medical services. The Department's prior authorization guidelines are found online, broken down into areas of MA service, at www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx.

The guideline for root canal therapy is at Topic 2881 under "Covered and Noncovered Services - Endodontics." A root canal can be granted if all of the following exist:

- Evidence of good periodontal health (AAP periodontal classification of Type I or II).
- Evidence visible on radiographs that at least 50 percent of the clinical crown is intact.
- A treatment plan that identifies no more than three teeth for root canal therapy, including molars.

In a prior authorization request the provider has the obligation to justify the provision of the service. Admin. Code, §DHS 107.02(3)(d)6.

The dental consultant determined that petitioner had less than 50% of the crown intact on tooth no. 14, and thus that the prognosis for a root canal was not good. Petitioner provided no evidence that the consultant's position was erroneous. She testified that her dentist responded only that the tooth was close to 50%, but I would need a statement from the dentist saying either that the consultant's determination was inaccurate, or that despite being less than 50% intact the root canal prognosis was good. Without anything from the dentist to question the consultant's conclusion, I must uphold the denial.

CONCLUSIONS OF LAW

The DHCAA correctly denied the requested root canal because the x-ray shows that less than 50% of the tooth's crown is intact.

THEREFORE, it is

ORDERED

That the petition for review is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 19th day of January, 2016

\sBrian C. Schneider
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 19, 2016.

Division of Health Care Access and Accountability